

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-016031

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2276

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

C. Keathofer MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) ST. MARY'S Hospital		d. STREET ADDRESS (If outside, give location) 3266 HOLMES STREET	
3. NAME OF DECEASED (Type or print) KATE R. FITZGIBBONS		4. DATE OF DEATH April 14 1963	
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 1916
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER - AT HOME - DOMESTIC	9b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (City and state or country) SLATER, MISSOURI	11. CITIZEN OF WHAT COUNTRY U.S.A.
12a. FATHER'S NAME THOMAS HENRY PAGE	12b. MOTHER'S MAIDEN NAME MAGGIE EMERSON AYRES	13. NAME OF HUSBAND OR WIFE (DECEASED) JOHN J. FITZGIBBONS	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. VIRGINIA HIGH - 9815 WEST 524 ST.	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Supercardiac obstruction DUE TO (b) Renal infarction DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	18. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22. CITY, TOWN, OR LOCATION	COUNTY STATE
23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	25. CITY, TOWN, OR LOCATION	COUNTY STATE
26. I attended the deceased from 4-10-63 to 4-14-63 and last saw her alive on 4-14-63 Death occurred at 4:22 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		27. SIGNATURE (Degree or title) J. Keathofer 28. ADDRESS 6627 Park St. St. Louis 29. DATE SIGNED 4-16-63	
30. BURIAL, CREMATION, REMOVAL (Specify) Burial	31. DATE April 16 1963	32. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	33. LOCATION (City, town, or county) Kansas City, Missouri (State)
34. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY MO	35. DATE RECD. BY LOCAL REG. 4-16-63	36. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

7000 m - 40 - 000
St Mary's Hospital
St. Mary's Hospital
St. Mary's Hospital

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas W. [Signature]

Licensed Embalmer No. 4889

P. O. Address

St. Mary's Hospital

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.